	•					
		Application Number	10/039,062			
TDANS	EASTT A I	Filing Date	December:	31, 2001		
	SMITTAL	First Named Inventor	William R. I	Matz		
II = ====	RM	Art Unit	2153			
(to be used for all corres	pondence after initial filing)	Examiner Name	Sean M. Re	Sean M. Reilly		
ptal Number of Pages in This S	ubmission: 7	7 Attorney Docket Number				
		OSURES				
	(Check a	il that apply)		<u> </u>		
Fee Transmittal Form Fee Attached	☐ Drawing(s) ☐ Licensing-related I	Papers	Appeal Co	vance Communication to Group ommunication to Board of Appeat		
Amendment/Reply	Petition			erences ommunication to Group Notice, Brief, Reply Brief)		
After Final	Petition to Convert Application	t to a Provisional		y information		
☐ Affidavits/declaration(s)	Power of Attorney	, Revocation pondence Address	Status Le	tter		
Extension of Time Request Express Abandonment Request	Terminal Disclaim	er	Other End	closure(s) (please Identify below).		
Information Disclosure Stateme	nt CD, Number of CD	X(s)				
Response to Missing Parts/Inco Application Response to Missing Parts CFR 1:52 or 1.53						
	SIGNATURE OF APPLICA	NT, ATTORNEY, OR	AGENT	***		
iame (Print/Type)	Bambi Faivre Walte		Reg. No.:	45,197		
Signature	86. Di	Walter				
Date 9/16/05						
	CERTIFICATE OF TR	ANSMISSION / MAILIN	IG			
hereby certify that this corresponding with sufficient postage a	ondence is being facsimile transm as first class mail in an envelope a	itted to the USPTO or de ddressed to: Commissio	posited with the ner For Pate	the United States Postal nts, PO Box 1450, Alexandria,		
/A 22313-1450 on the date sho				T		
lame (Print/Type)	Maureen M. Pettine		Date	109/20/2005		
Signature	gnature Macureer Dr. Pettine					
GE 1/7 * RCVD AT 9/20/2005 12:39:05 P	M [Eastern Daylight Time] * SVR:USPTO-I	EFXRF-6/32 * DNIB:2738300 * CS	SID:7572535729	* DURATION (mm-ss):05-10		

RECEIVED **CENTRAL FAX CENTER**

SEP 2 0 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William R. Matz

Group Art Unit:

2153

Application No.:

10/039,062

Examiner:

Sean M. Reilly

Filed:

December 31, 2001

Title:

"System and Method for Targeted Content Distribution Using Tagged Data Streams"

VIA FACSIMILE 571-273-8300

Attn: Examiner Unassigned

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 09/20/2005 (date of transmission).

> Maureen M. Pettine Name of Person Faxing This Paper

Date of Transmission

ptember 20,2005

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (pp. 1-5).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)). 00000032 10039062

09/21/2005 MBINAS

189.99 OP

01 FC:1806

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Attorney for Applicants

Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188

Telephone: 757.253.5729

Date: 9/16/05

					T				
FEE TRANSMITTAL		Application Number	or 10/039	3,062					
			Filing Date	Decen	nber 31, 2001	HEC	EIVED		
			First Named Inven		n R. Matz	CENTRAL	FAX CENTER		
	fe	or HY 2	2003		Examiner Name		M. Reilly		n n non-
1	- `				Art Unit	2153		JEP	2 0 2005
I	Applicant dalms small	l entity status. See 37	UFN 1.21		Attorney Docket N		376		
I		<u> </u>		4.000.00	Allostrey Cooker I	io. Dec.			
T	TOTAL AMOU	INT OF PAYME	NT	\$180.00	<u> </u>				
t	THOD OF PAYME	NT (check all th	et apply)						Ì
\blacksquare	Check 🛭 Credit C	ard Money Or	der 🔲 None	Other	_	. 14			
╫	Denosit Account	De	posit Account i	to. 19-2167	Depo	sit Account Name	3.		
Ŧ	Director is authori	zed to: (check al	that apply)			C) Chan	footo) inclicat	od heliaw excer	nt for the filling fee
di	(charme factor indica	ted helmu					any overpayme		
đ	Charge any addition	al fee(s) or underp	ayments of fee	(s) under 37 CFR 1.	16 and 1.17	Z Credit	ally overpaying		
7				FEE	CALCULATION				
∦	BASIC FILING, SEA	ADOL AND EYAL	MATION FEE	S			•		4
۱	BASIC FILING, SEA				EARCH FEES		EXAMINATION	FEES	İ
		FILING						all Emity Fee	Fees Paid (\$)
Å	polication Type Fe	- 1-1	Small Entity Fe	<u>e Fee (\$)</u>	Small Entity (\$)	Fee Fee (\$)	<u>(\$)</u>	*** ***** 1 AA	
1			(<u>\$)</u>	500	192 250	200	100)	
ф	ility 30	0	150	•		130	65	•	
d	sign 20	0	100	100	50	130	ω		
1	ant 20	n	100	300	150	160	80	•	
1	ant 20		,	500	250	600	30	0	
A	essue 30	10	150	500	200	*			
1	rovisional 20	io .	100	0	0	0	0		
1									·
4	EXCESS CLAIM FE	ES					Fe	e (\$)	Small Enty Fee (\$)
4	ee Description								25
ļ	ach claim over 20 (inc	luding Reissues)					50		25 100
I	ach independent clain	n over 3 (including	Reissues)				20 36	-	180
	uttiple dependent dai							ultiple Depende	
	ctal Claims		Extra Claims	<u>Fee(\$)</u>	Fee Paid (S	1		e (\$)	Fee Paid (\$)
IJ		- 20 or HP =		x	=		1.3	≈ (4)	1 00 1 000 (4)
H							_		
H	H=highest number of	independent claim	s paid for, if gre	eater than 3.	•				
H				Con this	Fee Paid (\$	`			
١	dep, Claims		Extra Claims	Fee (\$)	rea Paid ()	1			
ļļ	<u> </u>	-3 or HP =		X					
HP-highest number of independent claims paid for, if greater than 3									
I	APPLICATION SIZ		hoote of namer le	excludina electronicaliv	filed sequence or co	mputer listings unde	er 37 CFR 1.52(e)), the application	size fee due is \$250.00
۱	the specification and dri 25 for small entity) for	each additional 50 s	heets or fraction	thereof. See 35 U.S.C	. 41(a)(1)(G) and 37 (CFR 1.16(s).			
	otal Sheets		Extra Sheets				<u> </u>	<u>ee (\$)</u>	Fee Paid (\$)
ı		100 =		/50	(rour	ndup) ×	-	=	Eng Daid (6)
H	OTHER FEE(S)							į.	Fee Paid (\$)
IJ	Ion-English Specifical	tion, \$130 fee (no s	mall entity disc	count)					0400.00
	ther (e.g., late filing s		Supplemental	IDS				410 44 5 1	<u>\$180.00</u>
	UBMITTED BY:					40.403		(if applicable)	
	hame (Print/Type)	Bambi F. Walter	18	Registration N		45,197	Teleph	ORT 8:	(757) 253-5729
H			1 4	(Attorney/Ager	<u>''</u>	1			· · · · · · · · · · · · · · · · · · ·
		186.7	. Wal	tem	,	Date	9/16/	0 S	
4	gnature			· · · · · · · · · · · · · · · · · · ·					

4					<u> </u>			**	
١	CCC -	TRAN	TIMP	ΤΔΙ	Application Nun	nher	10/039,062		
١	rcc	i IZAIA			Filing Date		December 3	11, 2001 RE	CEIVED
١	•	EV			First Named Inv		William R. N	Matz CENTRA	L FAX CENTER
١	T	or FY	ZUUƏ		Examiner Name	-	Sean M. Re		
	Applicent claims sma	Manthustatus See 3	7 CFR 1.27		Art Unit		2153	SE	P 2 0 2005
	13 Mphacaut crants and	a chisty options.		:	Attorney Docke		BS01376		
1			100	6400.00	Audito Doom		000 101 0		
┙		UNT OF PAYME		<u>\$180.00</u>	<u> </u>				
N	ETHOD OF PAYME	ENT (check all t	hat apply)	53.0 0	•				.
4	Check Coredit C	Cardi 🔲 Money 0	rder Li None	U Otner	De	4	Morro:		}
4	Deposit Account		eposit Account	No. 19-216/	De	posit Account	IVAIITE.		
1	e Director is author		ll that apply)				Charne feet	s) indicated below, exce	ent for the filling fee
4	Charge fee(s) indica	sted below		(a) under 27 CED 4 1	6 and 1 17			verpayments	7
4	Charge any addition	at fee(s) or under	payments or tea	(s) under 37 CFR 1.1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					CALCULATION				
1	BASIC FILING, SE	ARCH, AND EXA	MINATION FEE	S					
		FILING	FEES	SE	ARCH FEES		EXAM	INATION FEES	
J,	polication Type Fe	e (\$)	Small Entity Fe	e Fee (\$)	Small Entit	y Fee Fee	e (\$)	Small Entity Fee	Fees Paid (\$)
7	ANIAGRAN I I PO	× 1,₹£	(\$)		(5)		_	<u>(\$)</u>	
ф	tility 30	0	150	500	250	200	0	100	
D.	esign 20	0	100	100	50	130	0	65 .	
P	ant 20	0	100	300	150	160	0	80	
h	eissue 30	c	150	500	250	600	0	300	
P	novisional 20	0	100	0	0	0		0	
4	EXCESS CLAIM FE	ES							0 UE-4-E(f)
#	ee Description							Fèe (\$)	Small Enty Fee (\$)
	ach claim over 20 (inc							50	25
	ach independent clain		g Relssues)					200	100
M	ultiple dependent dai:	ms .				.		360	180
1	otat Claims		Extra Claims	Fee(\$)	Fee Paid (<u>S)</u>		Multiple Depende	Fee Paid (\$)
╁	 	- 20 or HP =		х	=			Fee (\$)	——————————————————————————————————————
HP=highest number of independent claims paid for, if greater than 3.									
	dep, Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
†	Ach Agus	-3 ox HP=		X	=				
HP=highest number of independent claims paid for, if greater than 3									
ł	APPLICATION SIZE	FEE		umbudha alaskasiasiks B	lad converse of a	nmerder lietiese	cumder 37 CF	FR 1.52(e)), the application	size fee due la \$250.00
Ļ	the specification and dis :125 for small entity) for (iwings exceed 100 s aach additional 50 s	ineers or paper (e heets or fraction t	thereof. See 35 U.S.C.	41(a)(1)(G) and 37	CFR 1.16(s).	3 CE 1001 OF OF	it implails are obtained and	
	tal Sheets		Extra Sheets					Fee (\$)	Fee Paid (\$)
f	T	00 =		/50	(rou	md up) x		=	
♦ OTHER FEE(S)									
ton-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filling surcharge): Supplemental IDS \$180.00									
SUBMITTED BY: Complete (if applicable)									
N	ame (Print/Type)	Bambi F. Walter	8	Registration No. (Attorney/Agent)		45,197		Telephone:	(757) 253-5729
Ţ	ignature	8C. 2	Walt	te-		Date	9	116/05	

PAGE 5/7 * RCVD AT 9/20/2005 12:39:05 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-8/32 * DNIS:2738300 * CSID:7572535729 * DURATION (mm-ss):05-10

757253572**§EP 2 0** 2005

Please type a plus sign (+) inside this box +

PTO/58/08A (08-00)

Approved for use through 10/31/2002 OMB 0651-0031*

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete If Known Substitute for form 1449A/PTO 10/039,062 Application Number INFORMATION DISCLOSURE December 31, 2001 Filing Date William R. Matz STATEMENT BY APPLICANT First Named Inventor 2153 Group Art Unit Sean M. Reilly (use as many sheets as necessary) **Examiner Name** BS01376 **Attorney Docket Number** of Sheet

U.S. PATENT DOCUMENTS							
Examiner Initials	Cite No.1	U.S. Pateni Document Kind Code ²	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-OD-YYYY	Pages, Columns, Lines, Where Relevant Pessages or Relevant Figures Appear		
II II EESO	''''	Number (# known)			- Araba value		
		6,236,975 6,177,930	Boe, et al.	05/2001	<u> </u>		
		6,177,930	Chernock, et al.	01/2001			
	ļ	 					
							
	<u> </u>	<u> </u>					
		<u> </u>					
	 						
	 						
							
	L	_ 					
	<u> </u>						
				<u> </u>			
				·			
	1						
	 	 			,		
		 	<u> </u>				
	├						
	—	 		· · · · · · · · · · · · · · · · · · ·			
	 						
		ļ			· · · · · · · · · · · · · · · · · · ·		
	<u> </u>						
	1						
-	 	 					
	-	 					
	_				 		

Examiner	Date	
Signature	Considered	
Silinginie	 00110100101	

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. 2 Applicant is to place a check merk here if English language Translation is attached.